

# Guide to Diagnostic Role Play

CHANGE Project, with  
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## Diagnostic Role Play: Overview

*This manual was prepared to guide a pilot test, in April 2002 in Mangochi District, Malawi, of a research method called Diagnostic Role Play (DRP). Carried out by the CHANGE Project with Save the Children/Malawi's School Health and Nutrition Program, the pilot test focused on various preventive behaviors related to HIV/AIDS. After this experience, the manual was somewhat revised to reflect lessons learned (summarized in the box below). The manual is now offered for the use of program planners and researchers in general. It is hoped that they will find it helpful and that they will give the CHANGE Project feedback so that the method can continue to be improved.*

### What is diagnostic role play?

Diagnostic Role Play (DRP) is a new qualitative **research method** to help programs learn more about important current behaviors and develop effective strategies that promote and support alternative behaviors that should result in improved health. As opposed to other uses of drama in health programs, DRP can be used to learn about behaviors, not as a program intervention to have participants model or try out new behaviors. As its name implies, the DRP combines the process of diagnosis, or examination and analysis, with role play; it is a simulation in which participants act out the typical attitudes and behaviors of individuals in a given context. This means that researchers and program managers can use DRP to help them:

- examine behaviors, spoken words, and interactions,
- understand why people behave as they do and
- identify feasible ways to help them move towards behaviors that are desirable to their health.

### General Conclusions and Recommendations Based on the Malawi Experience

#### *When to use DRP:*

- It is best to use DRP relatively early in the formative research process—after in-depth interviews reveal enough about the issues to plan interesting drama scenarios. It is possible that, if used at this point in the learning process, DRP may reduce the number of additional in-depth interviews or focus group discussions needed.
- It is used late in the process (as was done in Malawi), DRP may yield interesting expressions, and possibly ideas for solutions to participant-identified problems that can inform subsequent research steps.
- DRP is probably best for learning about rare situations that cannot be easily observed, such as what happens when there is an obstetrical emergency or when a child suddenly develops paralysis. It may also be useful for sensitive situations that are not easily discussed, such as what happens when a girl and boy start to date.
- Players in the DRP came up with innovative solutions when given clear instructions and direction. In contrast, participants of in-depth interviews and group discussions did not discuss realistic solutions. Acting out an idea seemed to help participants think concretely about the steps.

*How to maximize useful results:*

- The facilitator is key to the method's effectiveness. S/he must have a good understanding of both the method and the technical and social issues. S/he must speak the local dialect fluently.
- It is helpful when the facilitator makes the atmosphere informal to encourage free dialogue by starting with ice-breakers or games and foregoing formal introductions.
- The facilitator needs to emphasize that there is no "right" or "wrong" answer to the scenes. It was difficult to get past ideals that participants held. Often people would act and answer according to ideals rather than their own reality. (For example, boys talked about boys who go to school as boys who do not have a girlfriend or have sex. Those same boys, however, manage to do both!)
- The players should start by introducing their characters, and one of them may serve as a narrator who lays out the scenes.
- Players need to be encouraged to add local color and actions that shows normal behavior and conversations in the settings portrayed. Too many of the first role plays were just animated conversations about the given topic. The facilitator or note-taker should work with players as they plan their role-plays and actions (especially when children are the players).
- In the first few role-plays, participants seemed to be somewhat intimidated by the presence of members of the opposite sex and by videotaping. Additional efforts were made in later role-plays to keep groups single-sex.
- Regarding length of time, it worked well to have each drama have at least two scenes that last a total of 10 to 15 minutes. This was enough time for players to act out the main idea of the scene as well as fill in all of the actions before and after, and not too long that the audience got tired or restless.

*Other issues to consider:*

- Suggest that audience members question each player in character. At the end of the drama, invite the audience to ask players questions on a "hot seat" about how they felt and what they thought when they did or said certain things during the role-play, which they should answer in character.
- Introduce a concluding activity. Because poetry is a popular art form in Mangochi, the facilitator asked one or more volunteers to prepare poems that summarized the drama and discussions after the discussions finished. About five minutes was needed for participants to prepare poems. This worked very well in Malawi to conclude the sessions (in many cases, several participants contributed poems), but is not appropriate everywhere. A song may be better in other settings (or this finale may be omitted).
- Watch for visual data. A comparative advantage of the DRP is that people act out normal situations that can visually depict relationships between characters. Although the role-plays in the field test did not elicit much visual data on relationships, because players spoke more than carried out actions, other situations could gather good visual data.

In conclusion, DRP seems to have promise as a qualitative research method that may yield certain information (what happens in rare situations, popular expressions and metaphors, social relationships, and participant-generated solutions to problems) not easily obtainable by other research methods. Used early in the formative research process, it may reduce the number of additional interviews and/or group discussions needed.

## Why use DRP in formative research?

Unlike other research methods, DRP gives information and understanding through actions and "normal" conversation by requiring participants to do or act rather than just talk about a topic.

DRP asks participants to show, to demonstrate, or to portray normal things in their lives. People act out certain situations that show “normal” behavior, not necessarily their own personal behavior.

The role play is a stimulus for discussion afterwards among the players and the audience. There can then be a second role play and discussion about the same issues, one that either gives an alternative, more realistic picture of normal life, or one that presents reasonable and feasible solutions to the problem situation. In Malawi, each set of role plays was followed by a volunteer or volunteers composing and reciting a poem that captured the key points that came out, but this finale is certainly not appropriate everywhere.

This type of research helps clarify or get more in-depth understanding about insights and concepts that emerge from the review of existing information and initial in-depth interviews—normally the first research methods used.

DRP has a number of potential advantages. It lets researchers see real-life situations that they may not otherwise be able to see because they are private or very rare; for example, what happens in the home when a pregnant woman or child has a medical emergency (who gets involved, what do various people say, whose opinion decides?). It also illustrates behaviors, including social interactions, and ways people communicate that seem so normal to people that they will not talk about them otherwise. And because some behaviors are sensitive, people may be more willing to act them out and discuss them when they are not portraying themselves. Finally, options or solutions available to people can be discussed in a group using concrete examples.

In return, DRP gives participants an opportunity to discuss the issues and to have input into research findings and their program implications. It also *should* be fun for participants.

Although the role plays can be very entertaining, they are intended to *learn more* from the participant groups in order to design an effective program intervention (in this case, to prevent HIV/AIDS among school-age children).

## How to organize diagnostic role plays

Three groups are essential in a DRP:

- Participants: players
- Participants: audience members
- Research team

*Participants:* There should be 10 to 15 participants in each group. Three to five of the participants can be players “on stage.” The other 10 to 12 participants have an important role as well. Audience members must watch closely and, with the players also, discuss the performance. It is through that discussion that many of the issues and findings will come out.

DRP will work best if the number of participants is limited so that people get an opportunity to discuss in-depth the performance and the issues.

*Research Team:* The research team consists of a facilitator and two note-takers. The facilitator is in charge of orienting participants and leading the discussion after the performance.

## How to stage a diagnostic role play

### 1. Clearly agree & answer the following questions:

- What are the research objectives?
- What issues were raised during the in-depth interviews?
- What are the important socio-cultural roles, relationships, and norms related to HIV/AIDS?
- What themes would be good to try?

### 2. Select themes.

Consider several scenarios concerning concepts or behaviors that earlier research indicates are important but which are not yet completely clear to the researchers.

### 3. Decide what participant groups will be needed.

Criteria for selection are simply representative people from the participant groups.

In this case, both student groups and parent groups were invited to conduct role plays, separately, for different topics. Leaders and initiation counselors can be included in the parent groups.

Experienced actors do not need to be found. It is best to have community members who are truly 'normal' and typical.

### 4. Plan the logistics of the DRPs.

Each group will need one and a half to two hours to perform and discuss at least two basic scenarios on a theme of interest. If four groups can be arranged for each day, a maximum of 2 to 4 themes per day can be selected. Make arrangements for a location that can be private and where participants will feel comfortable. Make arrangements with local persons to recruit participants who meet your criteria.

### 5. Create scenes for participants to act out.

Develop your themes into fuller scenarios with one or more locations, certain types of characters, certain situations or occurrences.

## Staff roles & responsibilities

### FACILITATOR

- R** Thank participants for coming and give them a general idea of what's going to happen.
- R** Facilitate a game or other ice-breaker activity.
- R** Introduce the purpose of the DRP.
- R** Introduce the note-takers and their role.
- R** Describe the role of the players.
- R** Describe the role of the audience members.
- R** Encourage enough people to volunteer to put on each role play.
- R** Explain the scene/situation to the players and give them 5-10 minutes to prepare the general flow of the role play.
- R** After the role play, invite audience members to ask players questions about how they were feeling at key points in the role play and why they did certain things, which they should answer "in character." Ask players additional important questions.
- R** Guide the audience members and players in a discussion about what happened and why. Help everyone to participate. Be certain to clarify how realistic and typical the role play was.
- R** Listen carefully to the comments and ask the participants follow-up questions.
- R** Facilitate a discussion – do not advise participants on the topic.
- R** Ask for the volunteer(s) to read their poem that summarizes the session, then ask for audience comments on the poem (or other concluding activity).

### NOTE-TAKERS

- R** Keep notes on:
  - What is said and done on stage
  - What is said by audience members
  - Reactions, emotions expressed, and "body language" (gestures and facial expressions) on stage
  - Reactions, emotions expressed, and "body language" (gestures and facial expressions) in the audience
  - Major issues in the role play and how they got resolved.

## PROGRAM MANAGERS

- R** Watch and listen to the role plays.
- R** Participate in the debriefing discussion on how results inform program strategy.

## PREPARATION

- R** Materials: Video camera and/or tape-recorder (optional), tapes, notebooks, paper & pens.
- R** Notify communities.
- R** Invite participants (or give criteria to local collaborators to select their own participants).
- R** Arrange small prizes or incentives if needed and/or appropriate.



## Appendix 1: Malawi Guide to the Diagnostic Role Play

- *Introduction (15 minutes) (Notes & talking points for facilitator)*

This is a method of gathering input and information from participants in the (school health and nutrition) program. It is done to be able to learn from participants and design an activity that reflects what people really think and want (their reality). The role play will probably be entertaining, but the main point is to learn together.

What will happen during this session is that a few people who would like to be in a role play will be given a situation to act out. The players will portray a common situation in the community. On stage, they will represent their “characters,” not themselves as individuals.

After the role play, there will be discussion about:

- What happened during the role play
- Why
- Whether participants in the audience feel this is the common reality
- What problems were raised by the players
- What participants believe can be done about the problems.

*If the audience feels that something is exactly like it really happens, the players will act out the role play again, until it is what the group agrees is most like real life.*

OR if they agree that it is already what happens,

*The players will then be asked to present a role play of the same scene that solves the problems identified.*

Note-takers will record what is said and done so that all of the important points will be remembered. They will not write down any real names.

After the discussion, a participant will be asked to volunteer to write and read a poem that summarizes what was learned.

- *Set-up of the environment*

A private space where the diagnostic role play can be performed and discussed without others listening or watching is important.

Also, it is good to arrange an informal environment to facilitate an open discussion. A circle of chairs with the facilitator and note-takers in the circle is recommended to allow participants to talk to each other freely. The drama can be performed in the center.

For the DRP with children, the facilitators and note-takers should be of the same gender as participants if possible so that children can speak freely.

- *Instructions to players (10 minutes)*

Invite 3 to 5 volunteers to be players in the role play. Describe the scene to them, and explain that the scene came from information the program learned through interviews with people like themselves. Give them 5 to 10 minutes to prepare. Help the actors plan what they will do, but only by giving general suggestions if needed.

Explain to the players that they can take the time to plan what characters will be in the scene and the general flow of the events in the scene. They should not plan exactly what they will say. It is better to have the players act out more or less spontaneously what comes to their minds.

Remind the players that they will not be acting as themselves – they should present a normal or real scene from their community. Players can be encouraged to act as a person of a different age or gender if they feel comfortable doing this as it can be more entertaining for the audience.

- Suggest the following to the players: speak in a loud voice; utilize body expression, movement, and gestures; try not to have more than one person speak at the same time.

- Instruct players to discuss where the scene will take place, what characters will be in the drama, and what they will do.

- Tell the players that they should act out normal life (what people say and do), *the whole setting*, not just the exact topic they are given.

- Tell the players that they should perform a series of scenes.

- Suggest that they make the scenes “interesting” by acting out what typically happens in the particular setting, regardless of whether it concerns the selected topic.

- Remind the players that they should act out what actually happens (although not themselves) in their community – not what they think is proper or the “correct” answers.

- So that the audience can hear well, ask the players to make sure only one person talks at a time during the role play.

- Request the players introduce their characters and the scene to the audience before they start. They could choose to have a narrator who will introduce each scene before it starts.

A program staff person can do a fun “warm up” exercise with the audience while the players are getting ready. (For example, with students the following have worked well: telephone game, making a human knot, and asking participants to say two true and one false thing about themselves, so the group can guess which is false.)

After this time, one member should explain the scene to the audience, and each player should tell the audience about their character: their play name, their age, their gender, and their occupation or role.

- *Instructions to audience (5 minutes)*

Explain that the purpose of the role play is to gather information from participants to design a program with their input. It is to learn from them.

Describe what will happen during the activity. First, that they will play a game, then they will watch the role play by their friends, then they will discuss what they have seen. A second act will be performed, and another discussion will follow. Then volunteers will be asked for poems.

The audience also has an important role. The audience members will be asked questions after the role play about what happened, why, if they think it is typical in their community, and what can be done about it.

It is important to have a free discussion after the role play about all of these issues and to encourage allow everyone to speak. This is what will help program planners learn the most about designing effective activities.

Emphasize:

- Tell participants that there are no right or wrong answers, only their opinions. They should not give the "correct" answers.
- They should not laugh at other people or make them feel bad.
- Let the participants know that their names will not be used. At the same time, they should not share what people have said outside of the room.

- *Role Play (10-15 minutes)*

- *Discussion (30 minutes+)*

Questions for the 1<sup>st</sup> role play:

1. *What happened in the role play?*

Invite various members of the audience to tell part of the story until you get a description of the most important parts and actions.

2. *What problems did the main characters have in the role play?*

3. *How did the characters try to overcome the problems? How successful were they?*

4. *Is what the characters said and did what most people around here would say and do? Why or why not?*

5. *Did you agree with what was said or done by any of the characters? Please say what you really feel, not what you think we want you to say! Which character(s)? Why?*

6. *Did you disagree with that was said or done by any of the characters? Which character(s)? Why?*

7. *What if you were in the situation of (insert character's name that people admire or agree with), what would you do?*

8. *Is it easy or difficult to actually do what you admire or agree with? Why?*

9. *Do you agree that this problem really happens sometimes in this community? How big of a problem is this in your opinion? How common is this?*

10. *Would you change anything in the role play to make it more like real life here?*

If they feel that actually something different happens with most people, ask the players or new players to act out the changes recommended.

If they can agree on a problem and agree that it is what happens in their community, continue:]

11. *If we can agree that this is a common problem, why do you think people do things this way?*

Ask the players or new players to act out the second role play. If many audience members feel that the first role play was not realistic, then the players should repeat the scene but differently. If the first role play was considered realistic and typical, the players should act out a version that includes a solution to the problem presented in the first.

QUESTIONS FOR THE 2<sup>nd</sup> (PROBLEM-SOLVING) ROLE PLAY:

1. *Is this something that people already do to overcome the problem?*

2. *What else can be done to improve the situation?*
3. *Is there something others in the community/audience can do to support them?*
4. *What are specific ideas to help and to motivate practical improvements?*
4. *What can Save the Children and others do to help participants overcome the problem?*

- *Poem (10 minutes)*

Ü Ask participants to think about a poem that relates to what was discussed during the activity. Give them 5-10 minutes to write down the poem, then share with the group (or during the change in acts).

## CHILDREN

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### *SCENARIO 1: RESISTING PEER PRESSURE (DELAY, STOPPING, IN RELATIONSHIP)*

- 1) A 14 year old girl is being teased by her friends about how they have sex and try to convince her that she should try it (that she is silly and young because she has not tried and they will not chat as much with her if she does not try). The girl tries to resist the pressure. (3-5 girls)
- 2) A 15 year old boy who has never had sex decides to wait for marriage, or until he is much older. He lives in the boys' quarters with his friends and older brothers. His friends try to convince him to change his mind and get a girlfriend. (3 – 5 boys)
- 3) A 12 year old girlfriend tries to persuade her boyfriend that they need to have sex as part of their relationship. Later, his friend can join the discussion (1 girl, 2 boy(s))
- 4) A 15 year old boyfriend tries to convince his girlfriend to have sex. (2 people)

### *SCENARIO 2: HOW TO NEGOTIATE CONDOM USE*

- 1) A 12 year old girl wants to use a condom with her boyfriend every time they have sex. He does not want to. (1 girl, 1 boy)

#### BOYS

- 2) What happens when a 14-year-old boy pupil likes a girl? [A 14 year old boy is considering using a condom with his new girlfriend. He is not sure so talks to his friends, asks his girlfriend, and gets informed about using condoms to make a decision. (1 girl, 1 boy)]
- 3) A 15 year old girl thinks that she should use a condom with a sugar dad, and tries to convince him. Her friends try to give her advice on what to say and do. (3-4 girls, 1 boy)

### *SCENARIO 3: HOW TO AVOID TRANSACTIONAL SEX*

#### GIRLS

- 1) What happens when a 14-year-old girl feels that she needs money? [A 14 year old girl is approached by a sugar dad, a man who earns money selling fish, at the market. The girl then talks to her friends about what she should do and why, and goes to tell the sugar dad what she decides. (3 girls, 1 boy)]
- 2) Three 15-year-old girls talk to each other about how to stop having sex to get gifts and money from older men. (3-5 girls)
- 3) A 16-year old girl is at school wearing a new dress. Her friends and classmates talk to her about how she got the dress. (3-5 girls or 3 girls and 2 boys)

## PARENTS

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For these scenes that focus on conversations, players should be encouraged to act out the entire setting and the discussions *over a period of time*, including how they start, and what might change between conversations.

### *SCENARIO 1: HOW PARENTS CAN TALK WITH THEIR CHILDREN ABOUT HIV/AIDS*

- 1) Parents are asked an embarrassing question about sex by a 12-year-old child (1-2 parents, 1 child)
- 2) A parent (parents?) of a 12 year old tries to communicate with their child about preventing HIV/AIDS (by advising as would about being good, by asking and listening, by explaining what they want for the child and then talking) (1-2 parents, 1 boy)
- 3) A parent of an 8 year old tries to communicate with their child about delaying sexual initiation (1-2 parents, 1 girl)
- 4) A village leader counsels a parent to talk to her child about preventing HIV/AIDS by delaying sexual initiation, but the parent is not sure if that is good to do or how to try (1 leader, 1-2 parents)

### *SCENARIO 2: HOW PARENTS CAN CLARIFY THEIR OWN VALUES AND EXPECTATIONS FOR THEIR CHILDREN*

- 1) Parents in a community meeting talk about their hopes for their children and what behavior regarding sex they think is appropriate for them now (and how to help them do this). A mother is not sure what is right for her 12 year old daughter and other help her think about her own values. (1 mother and 4 community members)

### *SCENARIO 3: WHEN SOMEONE TEACHES CONDOMS TO YOUNG CHILDREN*

- 1) A 10 year old child comes home from school and tells her mother that her teacher taught them about condoms at school today, to help them delay sex and know about safer sex. The mother then goes to her friends to discuss. (1 girl, 1 mother, 3 mothers' friends)

### *SCENARIO 4: HOW GIRLS CAN AVOID TRANSACTIONAL SEX*

- 1) A mother and father learn from a neighbor that their 14 year old daughter had sex with an older man last night. (1 mother, 1 father, 1 neighbor)

### *SCENARIO 5: HOW GIRLS CAN AVOID RISKY SITUATIONS*

- 1) A mother sends a 14 year old girl to the market late in the afternoon. The father asks her not to go because she would arrive home after dark, and tries to convince the mother to change her mind. (1 mother, 1 father, 1 girl)

## Appendix 2: Guides for Note-Takers

### DIAGNOSTIC ROLE PLAY

#### NOTE-TAKING OBSERVATION GUIDE - AUDIENCE

Situation:

Roles:

Setting:

Flow of Action	Key Words or Phrases	Key Reactions or Gestures



## DIAGNOSTIC ROLE PLAY

### NOTE-TAKING OBSERVATION GUIDE - STAGE

Situation:

Roles:

Setting:

Flow of Action	Key Words or Phrases	Key Reactions or Gestures